

WorkQuest

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Artie Lee Hinds Award Nomination Form

**One employee nominee per community rehabilitation program.*

Nominee must work on a State Use Program contract. Attach additional sheets as needed.

Please be as detailed as possible in your descriptions.

Please include a photo of your nominee with your nomination submission.

The deadline for nominations is Monday, June 24, 2019.

Nominating CRP: _____

Contact Name: _____

Address: _____

City, State & Zip: _____

Contact Email: _____

Nominee name: _____

Nominee has been with the company this long: _____

State Use contract that the employee works on: _____

Was the nominee employed prior to beginning work with your organization? If so, in what type of position? _____

Describe your nominee's weekly work schedule: _____

Describe your nominee's job responsibilities: _____

Nominee has shown leadership in these areas of responsibility: _____

Has this job helped your nominee to become more independent? If so, how? _____

I nominate this employee for the following reasons: _____

Additional information from your nominee:

“I like my job because _____

“My paycheck helps me to _____

Deadline: Monday, June 24, 2019

Please submit all nomination to Taylor McBride via mail or email:

WorkQuest
Attn: Taylor McBride
1011 East 53 ½ Street
Austin, Texas 78751
Email: tmcbride@workquesttx.com
Phone: 512-451-8145 Fax: 512-371-0028